



1341 Sadlier Circle South Drive
Indianapolis, IN 46239
317.352.1240 office
317.352.1250 fax

Certificate of Insurance Guidance Form

Dear Contractor / Insurance Provider:

Please provide us with a Certificate of Liability Insurance. We require the following criteria as evidence of applicable coverages:

1. General Liability: Each Occurrence minimum limit shall be \$1,000,000 with General Aggregate minimum limit set at \$1,000,000.
2. The policy expiration date. A **current** Certificate of Insurance is required.
3. Workers Compensation and Employers' Liability limits with be statutory.
4. The certificate Holder Address must read as follows:

Wilds Restoration Services, LLC
1341 Sadlier Circle South Drive
Indianapolis, IN 46239

Your insurance provided can either fax or mail the Certificate of Insurance Liability directly to us.

Thank you





Subcontractor / Vendor Information Form

Company Information	
Company Name	
Tax Id Number or SSN	
Physical Address	
City, State, Zip Code	
Billing Address	
City, State, Zip Code	
Phone Number	
Fax Number	
Alternative/Cell Phone Number	
Contact Person	
Email Address	
Alternative Contact Person	
Company Website	

**** PLEASE PRINT ****

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



SUBCONTRACTOR AGREEMENT

This Subcontractor Agreement (“Agreement”) between WILDS Restoration Services, LLC, the General Contractor, and _____ (“Subcontractor”) is entered into under the following terms and conditions.

ARTICLE I The Subcontract Documents

A. The Subcontract Documents (“Documents”) consist of this Agreement, the Contract Agreement inclusive of all attachments in the form of pricing, work description and addenda.

ARTICLE II Contractor

A. Services Provided by WILDS Restoration Services, LLC .

1. The Subcontractor shall cooperate with WILDS Restoration Services, LLC in scheduling and performing WILDS Restoration Services, LLC work to avoid conflict or interference in the Subcontractor’s work.

2. WILDS Restoration Services, LLC shall supervise and direct the work by Subcontractor. It will also set schedules and monitor and enforce quality standards.

3. Unless otherwise noted, WILDS Restoration Services, LLC shall provide all water, heat and utilities necessary to complete the work. This will be explained in detail in the individual phase specifications.

B. Communications.

1. WILDS Restoration Services, LLC shall not give instructions or orders directly to employees or workmen of the Subcontractor, except to persons designated as authorized representatives of the Subcontractor. A foreman for the Subcontractor shall be required pursuant to Article III, Item 3 below.

C. WILDS Restoration Services, LLC Remedies.

1. If Subcontractor defaults or neglects to carry out the work and fails within three (3) working dates after receipt of written notice from Wilds Restoration Services, LLC to commence and continue correction of such default, Wilds Restoration Services, LLC may complete and/or repair such deficiencies and then may deduct the cost thereof from payments then and thereafter due to Subcontractor.

ARTICLE III Subcontractor

A. Subcontractor’s Responsibilities.

1. The Subcontractor shall begin work on the date scheduled by Wilds Restoration Services, LLC. It shall carry the work forward expeditiously with adequate help and shall complete all work within the scheduled time frame, which shall be agreed to in the attached work description.

2. Before proceeding with the job, Subcontractor will accurately check all work previously completed by other trades in any way relating to its work. Any defects found must be reported to Wilds Restoration Services, LLC on the job for immediate correction. The correction must be completed before any other work is commenced.

3. Subcontractor shall employ a competent foreman who shall be in attendance while the work is being performed. The foreman shall represent Subcontractor in all dealings, both verbal and written.

4. The Subcontractor shall be responsible for the acts and omissions of all of its employees. Subcontractor hereby agrees to indemnify and hold harmless Wilds Restoration Services, LLC, its officers, directors, employees, agents, shareholders, affiliates, subsidiaries, successors and assigns from any and all claims, damages, actions, suits, causes of action, damages, judgments, losses and liabilities of whatever kind or nature, in law, equity or otherwise, whether known or unknown, and of every nature and extent whatsoever in connection with the acts and omissions of Subcontractor's employees and the performance of and completion of Subcontractor's work in a workmanlike manner.

5. Subcontractor shall pay for materials, equipment and labor used in connection with its performance for the completion of work under this agreement, unless otherwise agreed to in writing by both parties.

B. Laws Permits, Fees and Notices.

1. Subcontractor shall give notices and comply with the laws, ordinances, rules, regulations and orders of public authorities bearing on performance of the work of this Agreement.

2. All mechanical, electrical, HVAC and plumbing Subcontractors shall secure and pay for permits and governmental fees, licenses and necessary inspections unless otherwise excluded from the Contract. This shall also include, but is not limited to, all building codes, OSHA and EPA regulations. If Subcontractor performs any work knowing it is contrary to or in violation of such laws, rules and regulations, it shall assume full responsibility and all costs attributable thereto. Subcontractor shall indemnify and hold harmless Wilds Restoration Services, LLC, its officers, directors, employees, agents, shareholders, affiliates, subsidiaries, successors and assigns from all liability resulting from failure of Subcontractor to follow said laws, rules and regulations.

3. Subcontractor shall comply with federal, state and local tax laws, Social Security Acts, Unemployment Compensation Acts and Workers or Workmens Compensation Acts. Subcontractor shall schedule a pre-construction meeting with Wilds Restoration Services, LLC prior to the start of work to review all safety requirements.

4. Subcontractor shall study the plans, drawings, specifications, selection sheets and change orders and report to Wilds Restoration Services, LLC any error, inconsistency or omission it may discover. In certain instances, some of these documents may have been produced and submitted to Wilds Restoration Services, LLC by outside consultants. For example, consulting engineers or heating contractors may produce shop drawings for Wilds Restoration Services, LLC's use as Contract Documents. In any event, Subcontractor is responsible to perform and warrant the work based on these documents.

5. Subcontractor shall supervise and direct its work. It shall be responsible for all construction means, methods, techniques, sequences and the coordination of its work under the Agreement and Contract; it is also responsible to have adequately trained employees who perform the work.

6. Subcontractor shall do all cutting and fitting of its work as necessary. This cutting and fitting must not adversely affect the structural integrity of the premise or inhibit the work of other trades.

C. Cleaning Up.

1. Subcontractor shall keep the area broom clean from accumulation of waste materials or rubbish caused by the Subcontractor, or as directed by this Agreement or Wilds Restoration Services, LLC and placed in the dumpster as provided by Wilds Restoration Services, LLC. If Subcontractor refuses to keep the site clean, Wilds Restoration Services, LLC may, after written notice to Subcontractor, perform clean up services and then may deduct the cost thereof from payments then and thereafter due to Subcontractor. Absolutely no hazardous materials shall be disposed of on site or in the site dumpsters.

D. Warranty.

1. Subcontractor warrants materials and equipment will be the same and of good quality unless otherwise required or permitted.

2. Subcontractor warrants that all labor and material will be new, of good quality and free from faults and defects. This warranty shall remain in effect for a minimum of one (1) year after work completion. Subcontractor must supply Wilds Restoration Services, LLC with the manufacturer's warranty in accordance with the Magnuson Moss Act.

3. It is extremely important that Subcontractor or its supplier perform warranty work in a timely manner as scheduled by property owners or warranty personnel. This work must be performed by individuals who present a professional demeanor in their appearance and manner. Mechanical Subcontractors must have a twenty-four (24) hour answering service to handle emergency situations.

ARTICLE IV
Changes in the Work

A. No waiver, modification or amendments or any item shall be valid unless made in writing and approved by the Construction Manager or Estimator.

B. All change orders must include a detailed scope of work and price.

ARTICLE V
Arbitration

A. Any controversy or claim between Wilds Restoration Services, LLC and Subcontractor arising out of or related to this Agreement shall be settled by arbitration. The award rendered by the arbitrator shall be final. This Article shall not be deemed a limitation of rights or remedies under Federal Law, or under State mechanic's lien laws. Notwithstanding the above, this provision does not prevent Wilds Restoration Services, LLC from naming Subcontractor as and bringing Subcontractor into litigation as a third party defendant in the event Wilds Restoration Services, LLC is sued by an individual not in privity with Subcontractor resulting from any of Subcontractor's work on a property.

B. Contractor for himself/herself/itself, and for all subcontractors, journeymen, material men, mechanics, laborers and for all persons, firms and corporations, performing labor and furnishing materials or machinery for the construction of the building and appurtenances, agrees that no lien or notice of lien shall in any event or circumstance, attach to or be claimed or filed against the building and appurtenances, or any part of the building and appurtenances, or against the real estate on which the same is located or any part of it.

ARTICLE VI
Payment Policy

A. Subcontractor agrees to satisfy all liens and encumbrances against the premises relating to its work and/or materials. Affidavits shall be provided where required. Work shall be 100% completed and invoices approved by Wilds Restoration Services, LLC prior to processing an invoice or making payment on an invoice. Subcontractor agrees to comply with procedures relating to Wilds Restoration Services, LLC's invoicing policies.

B. Subcontractor should not begin work until they have agreed with Wilds Restoration Services, LLC on the price. Subcontractor will always invoice Wilds Restoration Services, LLC as lump sum.

C. Payment Terms for Subcontractors.

1. All invoices properly turned in for completed work shall be paid 14 days from when invoice was turned in and shall be paid every Thursday. Subcontractors shall be allowed to pick up checks on Thursday between 2:00 pm and 5:00 pm. (Only applies to those that requested to be held for pick up). If not picked up by 5:00 pm, checks will be placed in Friday mail.

2. Wilds Restoration Services, LLC will not be obligated to process invoices submitted over 30 days from the completion of work.

ARTICLE VII

Insurance and Bonds

A. It is company policy that all Subcontractors agree to hold Wilds Restoration Services, LLC harmless and maintain insurance coverage meeting the following minimum requirements, as listed below. "Wilds Restoration Services, LLC USA" shall be named as an additional insured (wording should read that Wilds Restoration Services, LLC is an additional insured pursuant to Form CG2010-85) and such insurance shall be primary and any other insurance carried by the additional insured will be excess only and will not contribute with Subcontractor's insurance

1. Commercial liability coverage including products, completed operations, contractual liability, personal injury liability and broad form property damage, including completed operations with a minimum limit required by law. The insurance certificate must evidence that explosion, underground and/or collapse coverage is included if Subcontractor's operations have any exposure under one of these items.

2. Business automobile liability, including protection for owner, hired and non-own vehicles with a minimum limit required by law.

3. Statutory workers compensation to comply with the laws of the state in which Subcontractor's business is located, the state in which the work will be performed, and the state in which the employee resides. Employer's liability with a minimum limit required by law.

4. Subcontractor shall send the certificate of insurance verifying compliance with these requirements to Wilds Restoration Services, LLC prior to the commencement of any work with a provision for 30 days prior written notice before cancellation, non-renewal or material change of the insurance coverage. All policies shall include a waiver of subrogation against Wilds Restoration Services, LLC. Subcontractor acknowledges that no payments shall be made pursuant to Article VI above until Wilds Restoration Services, LLC pursuant to this Article VII receives all insurance documents.

ARTICLE VIII

Subcontractor Safety Agreement

A. Subcontractor agrees to comply with all appropriate governmental regulations in connection with the Contract with Wilds Restoration Services, LLC.

(i) Current OSHA standards for the construction industry (29CFR Part (1926)).

B. Subcontractor shall train its employees on the use and compliance of the current OSHA standards for the construction industry, as referenced above. All Subcontractors must understand, practice and promote OSHA safety rules and regulations while on the job site. If OSHA levies fines against Wilds Restoration Services, LLC for Subcontractor's noncompliance to OSHA rules and regulations, then the Subcontractor will be held financially accountable for its portion of Wilds Restoration Services, LLC's fine. This fine will be issued to the Subcontractor in the form of an invoice. It will be up to the Subcontractor to pay this invoice or be terminated from employment by Wilds Restoration Services, LLC.

C. If Wilds Restoration Services, LLC becomes aware that Subcontractor is not complying with the above-mentioned safety standards, Wilds Restoration Services, LLC will take action that is deemed appropriate to insure compliance. This action may include, but is not limited to:

- (i) advising and/or warning Subcontractor about the situation;
- (ii) imposing monetary penalties against Subcontractor, not to exceed \$100;
- (iii) removal of Subcontractor from the work site until violation is corrected, but Subcontractor shall not return until the following day; and
- (iv) termination of Subcontractor's contract.

Wilds Restoration Services, LLC reserves the right to impose the level of disciplinary action it deems appropriate for each situation.

The undersigned agrees to and understands the "Agreement" in its entirety and is or has been designated as the authorized representative.

Subcontractor

Date Accepted

Subcontractor Representative
(Printed Name)

Subcontractor Representative
(Signature)

WILDS Restoration Services, LLC
General Contractor

Date Accepted

General Contractor
(Printed Name)

General Contractor
(Signature)



SUBCONTRACTOR'S RELEASE AND INDEMNITY

THE STATE OF Indiana

COUNTY OF _____

WHEREAS, the undersigned, hereinafter referred to as "Subcontractor", has contracted with WILDS RESTORATION SERVICES, LLC, hereinafter referred to as "Wilds Restoration Services, LLC", to furnish certain labor and/or materials in connection with the construction of certain projects
And

WHEREAS, Subcontractor has informed Wilds Restoration Services, LLC that Subcontractor does not carry or maintain workers' compensation insurance coverage. That the Subcontractor hereby states that the Subcontractor is a sole proprietor or partner with no employees or limited to the number of employees than are allowed by law in order to be exempt from workers' compensation coverage in the state described above. That the Subcontractor is aware of the compulsory law in the state described above, including exception to the law and further states that Subcontractor is not in violation of the law.

WHEREAS, in connection with the furnishing of such labor and/or materials by Subcontractor for the benefit of Wilds Restoration Services, LLC, Wilds Restoration Services, LLC has required Subcontractor to execute this release and indemnity, and Subcontractor is willing and has agreed to execute this release and indemnity.

NOW, THEREFORE, for and in consideration of the foregoing premises, Subcontractor hereby acknowledges and agrees as follows:

1. The relationship between Wilds Restoration Services, LLC and Subcontractor is that is independent contractors, and at no time shall Subcontractor, or any of Subcontractor's agents, representatives, or employees, be considered to be employees of Wilds Restoration Services, LLC. Subcontractor represents that it is an "independent contractor". In this regard. Subcontractor confirms that:
 - (a) it is paid by the job, not by the hour or some other time-measured basis;
 - (b) it is free to hire as many helpers as it desires and to determine what each helper will be paid;
 - (c) it is free to work for other contractors while under contract to Wilds Restoration Services, LLC:
2. Wilds Restoration Services, LLC at no time shall be required to furnish and maintain for the benefit of Subcontractor or Subcontractor's agents, representatives, or employees any workers' compensation insurance coverage, and has no obligation to do so.

3. To the fullest extent permitted by law, Subcontractor shall indemnify and hold harmless Wilds Restoration Services, LLC and the agents and employees of Wilds Restoration Services, LLC from and against any and all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the performance of Subcontractors failure to provide and maintain insurance coverage, including without limitations any claims, damages, losses or expenses which may be brought by or are attributable to claims under workers' compensation statute or coverage. Additionally, Subcontractor's indemnification shall relate to any claims, damages, losses or expenses attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property to the extent caused in whole or in part by any negligent act or omission of Subcontractor or Subcontractor's agents, representatives or employees.

SIGNED this _____ day of _____ 200 ____

SUBCONTRACTOR:

Doing Business As: _____
(Please Print)

By: _____

Title: _____

In respect to myself or anyone I would have working at the job, I have verified that the following types of insurance are in effect and will be maintained through the length of the job.

(Check all that apply)

_____ Health Insurance

_____ Life Insurance

_____ Disability Insurance

Wilds Restoration Services, LLC

Date _____

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____ Name _____

Telephone Number () _____ - _____ Alternate or Cellular Telephone Number () _____ - _____

Present Address _____

Street, Apartment, or Unit Number

How long have you lived there _____ / _____

City

State

Zip

Years/Months

Previous Address _____

Street, Apartment, or Unit Number

How long have you lived there _____ / _____

City

State

Zip

Years/Months

Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No If Yes, provide dates of employment, location, and reason for separation from employment.

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

1. All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
2. Arizona, Colorado, District of Columbia, Illinois, Kansas, Minnesota, Missouri, Montana, Nevada, Rhode Island, South Carolina, and Utah applicants: Do not respond to the second question regarding arrests.
3. California applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
4. Connecticut applicants: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
5. District of Columbia and Washington applicants: Limit any response to the past ten (10) years.
6. Hawaii applicants: Do not answer the following two questions.
7. Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.

8. Massachusetts applicants: Limit any response regarding misdemeanor convictions to the last five (5) years and to those which were not a first offense for drunkenness, simple assault, speeding, a minor traffic violation or disturbing the peace. Applicants with a sealed record on file with the Massachusetts Commissioner of Probation may answer "No Record" with respect to: 1) all inquiries relating to prior convictions or arrests; 2) misdemeanor convictions older than five (5) years; and 3) first time convictions for simple assault, drunkenness, speeding, minor traffic violations or disturbing the peace.
9. Michigan applicants: Regarding arrests, limit your response to felony arrests awaiting conviction or dismissal.
10. New York applicants: All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicant's request for such information.
11. North Dakota and Oregon applicants: Regarding arrests, limit your response to pending charges that are less than one (1) year old.
12. Utah applicants: Limit any response to felony convictions only. Do not respond to the second question regarding arrests.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?
 Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?
 Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

List all special technical skills that you feel qualify you for the job for which you are applying (For example., computer programming/language, software, equipment operation, special tools or machines, etc.)

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
Telephone (____) _____ - _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____	
Wages Start _____ Final _____	Reason for Leaving _____	
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

Employer

<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
Telephone (____) _____ - _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____	
Wages Start _____ Final _____	Reason for Leaving _____	
What will this employer say was the reason your employment terminated? _____		
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Employer

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Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____	
Wages Start _____ Final _____	Reason for Leaving _____	
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____
Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____
Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____
If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____ Date ____/____/____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.

Applicant Signature _____ Date ____/____/____

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE APPLICABLE FOR ALL INDUSTRIES.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

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Parent/Legal Guardian

Witness

Date

Date

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